

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 13 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 402 Holmes)

Registration District No. 399  
Primary Registration District No. 1002

File No. 6235  
Registered No. 621  
St. 402 Holmes Ward

2. FULL NAME

(a) Residence No. 402 Holmes St. 402 Holmes Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec - 16 - 1875  
7. AGE YEARS 61 MONTHS 1 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy  
13. NAME Joseph Cherito  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy  
15. MAIDEN NAME Francesa Pustinos  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Joseph Cherito son (ADDRESS) 402 Holmes

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 2/5 1937

19. UNDERTAKER (ADDRESS) A. Lebbeth 925 N. 5th

20. FILED 2/3 1937 M. M. Browne Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 3 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/15 1937, to 2/3 1937

I last saw him alive on 1/31 1937 Death is said

to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Black White, M. D.

(Address) 925 Apple Bldg.

